Healthcare Access and Quality as a Social Determinant of Health

On March 22, 2022, AIR presented Healthcare Access and Quality as a Social Determinant of Addiction, the second webinar in an AIR CARES webinar series focusing on the social determinants of addiction. This brief provides a summary of the framing discussion and panelist remarks. Watch the recording here: https://www.air.org/event/healthcare-access-and-quality-social-determinant-addiction

Framing the Conversation on Healthcare Access and Quality as a Social Determinant of Addiction: Amanda Latimore, PhD

Director, AIR CARES

Healthcare advocates have worked to reframe addiction not as a moral failing but as a medical condition. With this shift, however, the prevailing approach has swung close to a purely biomedical model of addiction that views the body as a machine and addiction as a malfunction inherent in its structures and physiology. In attempting to reconcile racial disparities in overdose deaths with this overly mechanistic biomedical model, some might come to the false conclusion that, if addiction is a brain disease, then there must be something inherently different about the genetics and physiology of people of color. The truth, however, is that racial disparities in overdose exist because of everything but biology. Because race is a social construction rather than a biological fact, racism—not biology—drives racial disparities in health and overdose.

While the addiction medicine community has begun to incorporate social and ecological approaches to addressing addiction, cultural narratives that equate drug use with racial difference continue to inform policy and practice today. The legacy of the War on Drugs is present in medical stigma and punitive policies that trickle down to the emergency departments and clinical settings and impact the lives of racially minoritized groups and people who use drugs. Addressing the harms caused by the War on Drugs requires us to divorce race from biology and focus our energies on remedying the structural inequities at the root of the overdose crisis.

Policy: Shelly Weizman, JD

Associate Director of the Addiction and Public Policy Initiative, O'Neill Institute; Adjunct Professor of Law, Georgetown University Law Center

For those seeking addiction care, myriad barriers can derail treatment access. Examples include bed shortages, waiting lists, limited access to providers offering medications for opioid use disorder (MOUD), stigma and regulatory barriers surrounding MOUD provision, and challenges with getting insurance to cover treatment. In addition to a nonpunitive, patient-centered approach to service, timely care should be available to people if and when they seek services. According to Weizman, "We really know that there's a window of time that, when somebody wants help and is ready for help, they need to be able to access it when they need it." Currently, only 13% of people with substance use disorder receive treatment. Of the 11% of people with an opioid use disorder who receive access to medication for that disorder, there are significant racial disparities in access to treatment. For example, Black patients are 77% less likely than White patients to receive buprenorphine, one of the medications that is the standard of care for treating opioid use disorder.

Policy changes to address access to and provision of high-quality care include the following:

Increase access to health insurance increases access to treatment.

- Increase health insurance coverage through Medicaid expansion.
- Operationalize and enforce federal parity laws that prohibit insurance programs from covering mental health and addiction treatment more restrictively than physical health treatment.
- Incentivize treatment through reimbursement models such as federal Medicaid matching funds.
- Ensure health insurance coverage spans the full range of prevention, treatment, medications, harm reduction, and recovery supports.

Make it easy for people to get the care they want and need.

- Reduce barriers and punitive policies that disincentivize care seeking.
- Expand flexibility in the provision of methadone, buprenorphine, and use of telemedicine.
- Streamline reimbursement for integrated treatment supports such as peer-delivered services, harm reduction, and recovery support.

Increase access to treatment in the criminal legal system when arrest cannot be avoided.

- When diversion from the criminal legal system cannot be avoided, ensure those within the criminal legal system have access to addiction care and other services that meet the standards of care.
- Implement evidence-based withdrawal protocols and ensure access to medications for opioid use disorder across criminal legal settings.

Practice: Ayana Jordan, MD, PhD

Barbara Wilson Associate Professor of Psychiatry, NYU Langone Health Department of Psychiatry

When we think about addressing the social determinants of addiction, we have to center racial equity and move toward systems and supports with a deliberate focus on improving access to resources for people of color. In the context of the overdose crisis, Black people have been disproportionately impacted, with worsening substance use outcomes exacerbated by the COVID-19 pandemic. These disparities are not the result of biological differences, but rather structural racism embedded within the care system; in Dr. Jordan's words, "Racism, not race, is the reason why we're having worsening rates of death among racial and ethnic minoritized communities." Within the healthcare system, this structural racism is often overlooked by regulatory agencies and persists in the form of rigid methadone policies, lower rates of MOUD initiation among racially and ethnically minoritized communities, a lack of culturally informed treatment, and decreased funding for racially minoritized researchers.

Improving racial equity in addiction treatment involves the following actions:

Redistribute power within the community and listen to what people of color need.

- Involving community members, key stakeholders (Black and Latinx people who use drugs), researchers, and others in all aspects of the research process.
- Creating a sense of unity and collective responsibility through a participatory process can improve treatment outcomes.
- Doing research *with* communities, as opposed to *on* or *in* communities, can help enhance community engagement to reach better solutions and improve addiction outcomes.

Engage people "where they are" physically and psychologically.

- Providing treatment in nontraditional settings such as churches may reduce barriers and improve treatment outcomes. This is the focus of the IMANI Breakthrough study led by Drs. Ayana Jordan and Chyrell Bellamy.
- Emphasizing that Black and Latinx people who use drugs have choice and agency over their treatment plan builds trust and engagement.
- Providing education on different wellness dimensions that encompass the social determinants of health along with wraparound supports and coaching may help to support engagement and treatment outcomes.

People: Hiawatha Collins

Community and Capacity Building Manager, National Harm Reduction Coalition; Co-Director, Peer Network of New York; Board Member, Vocal New York

Stigma is at the center of the overdose crisis. Drug prohibition has made drug use taboo, which has led to a lack of willingness for people to talk about their drug use and an increase in riskier drug use behaviors such as using alone. Destigmatizing drug use will help to reduce these risks and shift narratives to a point where people can talk about drug use—and the supports they need—more freely. Today, the harm reduction movement is concerned with issues such as safe supply, decriminalization, and legalization. These policies have been implemented in other countries and are backed by decades of evidence.

To improve access and quality of care, people who use drugs must be central in their treatment. "How do you always know what's best for someone if you haven't even spoken to them?" Collins asked, "Every case is not the same." Examples of strategies centering people who use drugs include the following:

Recognize that abstinence may not always be the goal of care.

- Harm reduction is not against abstinence; it is another pathway to abstinence if abstinence is the desired outcome.
- Many people are interested in maintaining drug use while minimizing negative impacts of drug use, but stigma surrounding maintaining use may lead people to engage in riskier drug use behaviors.
- The role of harm reduction is to help people use safely, regardless of whether abstinence is the desired outcome.

Remove punitive policies that are common barriers to care.

- Within treatment settings, people should not be punished for the use of drugs such as tobacco and marijuana—which is often used to manage drug cravings and stress during recovery.
- People should not be punished for any aspect of their treatment; missing a day of treatment or forgetting to return take-home medication bottles should never be grounds for suspicion and punishment.
- Policies should support mothers who use drugs rather than punishing them (e.g., policies that prevent mothers from bringing their children to a recovery center). In some settings, mothers are even threatened with child removal just for seeking medications for opioid use disorder.

Support autonomy in healthcare decisions and make space for people who use drugs to take part in developing their treatment and/or recovery plan.

- People and their life experiences are unique, and a cookie-cutter approach to treatment is insufficient.
- It is essential to provide education about treatment options so people can make informed decisions about their treatment.
- Treatment plans should be co-created with people who use drugs since they know what they are willing and able to do as part of their treatment.

Program: Tracy Pugh

Senior Technical Advisor, Vital Strategies

Harm reduction programs serve people with active drug use who are particularly marginalized and stigmatized. This same stigmatization and marginalization impacts funding for harm reduction programs, which frequently operate on tight budgets. “It seems like substance use disorder is the only condition that the healthcare system does not provide harm reduction for,” Pugh said, There are so many other issues where the health care system provide supports and understand the chronic nature of issues, but when it comes to substance use that’s heavily stigmatized.” To build access to funding streams, partnerships, and sustainability for harm reduction programs, Vital Strategies and the National Harm Reduction Coalition (NHRC) developed a toolkit about how harm reduction programs can leverage healthcare funding.

Harm reduction programs often serve those at highest risk with limited funding.

- Through their work with people who use drugs, harm reduction programs serve populations with a wide range of health conditions and comorbidities.
- Harm reduction programs operate on extremely tight budgets that mirror the marginalization of the groups they serve.

Harm reduction programs offer value to health systems; harm reduction is healthcare.

- Harm reduction programs have built trust and relationships with people who use drugs and are prepared to "meet them where they are."
- These relationships can play an important role in supporting the work of healthcare providers and entities.

Harm reduction programs can leverage healthcare funding.

- Resources exist for harm reduction organizations interested in strategies for building relationships with healthcare entities, crafting a value proposition that underscores the importance of trust and relationship building with people who use drugs, navigating internal conversations about potential healthcare partnerships, and creating an action plan for working toward healthcare financing. See the toolkit here.

Please join us for future Social Determinants of Addiction webinars, hosted by AIR CARES!

Social Determinants of Addiction 101 Webinar Materials	Tuesday 2/22/22
Healthcare Access and Quality as a Social Determinant of Addiction Webinar Materials	Tuesday 3/22/22
Employment as a Social Determinant of Addiction Register	Thursday 4/28/22
Criminal Legal as a Social Determinant of Addiction Register	Tuesday 5/24/22
Prevention, Education, and Social Support as a Social Determinant of Addiction Register	Thursday 9/22/22
Year in Review and Looking Ahead Register	Monday 10/24/22